

MAR 4-1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6558

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4417 Independence Ave., St. Ward)

2. FULL NAME Albert H. Thwaites

(a) Residence, No. 4417 Independence Ave., Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Indies

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT F. H. Thwing
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cremation DATE Feb. 22, 1937

19. UNDERTAKER D. W. Newcomer's Sons
 (ADDRESS)

20. FILED 2-21-37 M. M. Crowe Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937, to Feb. 20, 1937

I last saw him alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at 12:02 A.M.
 The principal cause of death and related causes of importance were as follows:

Auricular Fibrillation Date of onset weeks ago
Cardiac decompensation 1 wk

Other contributory causes of importance:

Senile Arteriosclerosis years

Name of operation 0 Date of 0
 What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1937
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) F. A. Wilkinson, M. D.
 (Address) 5900 St. John Ave.

5900 St. Johns
Ch 2642